

CopyCo

...your safe business decision

Equipment Service Agreement

835supp14

2920 Fortune Circle West • Indianapolis, IN 46241
(317) 241-5800 • (800) 284-9667

Customer Vermillion County Auditor

Effective Date _____

Billing Address P.O. Box 190

Department Auditors office, 2nd floor

City/State/zip Newport, IN 47966

Location _____

Phone (765) 492 - 3570

(ext. _____)

Key Operator Name _____

Customer P.O. Number, if Applicable _____

Key Op Phone (_____) _____ (ext. _____)

Model	Serial	Accessories	Beginning Meter	Start Date	Base Amount per (M/Y)	Meter Allowance per (M/Q/Y)	Meter Charge, Billed Q/Y
1. CIR2270		doc feed, print, staple/finisher			\$ 468.00	3,000 (M)	\$.013 (Q)
2. _____							
3. _____							
4. _____							
5. _____							
6. _____							

Covered by this Agreement: Photocopying?

Yes X No _____

Toner?

Yes X No _____

Developer?

Yes X No _____

Fuser Oil?

Yes N/A No _____

Special Services Maintenance contract covers all parts, labor and supplies except paper or other print media and staples. Base billed annually. Overages, if any, billed quarterly.

Accepted by Customer

For CopyCo Office Solutions, Inc.

By (Signature) _____

Account Executive Tim Harrison

Print Name and Title Sherrie Koma Auditor, Vermillion County

Service Manager _____

The additional terms and conditions on the reverse side hereof and any attachments are incorporated herein and made a part of this Agreement.

Customer Copy